



ATTY DKT NO.: MIC-101

BEFORE THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : RICHARD M. MICCIULLA  
TITLE : TAB PLATE  
SERIAL NO. : 10/724,247  
FILING DATE : 11/28/2003  
EXAMINER / ART UNIT : STEPHEN J. CASTELLANO / 3727

SUPPLEMENTAL APPLICATION DATA SHEET

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir,

This Supplemental Application Data Sheet is respectfully submitted in conformance with 37 CFR §1.33. The purpose of this submission is to provide an updated address for the inventor.

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MAILING CERTIFICATE

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

and deposited on: 08/11/06

Signature:

  
Scott Lefton

Date:

08/11/06



Respectfully submitted,

Dated: 08/11/06

Please respond by mail to:

Scott Lefton

Registration No. 53,200

Agent for Applicant

Scott Lefton

59 Orient Avenue

Melrose, MA 02176

Please respond by telephone or fax to:

Tel: 781-883-5666

Fax: 781-665-4414



## **Supplemental Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	<b>Utility</b>
<b>Application Number::</b>	<b>10/724,247</b>
<b>Subject Matter::</b>	<b>Eating Utensils</b>
<b>Classification::</b>	<b>220/574</b>
<b>Group Art Unit::</b>	<b>3727</b>
<b>Title::</b>	<b>Tab Plate</b>
<b>Attorney Docket Number::</b>	<b>MIC-101</b>
<b>Request for Early Publication?::</b>	<b>No</b>
<b>Request for Non-Publication?::</b>	<b>No</b>
<b>Suggested Drawing Figure::</b>	<b>4</b>
<b>Total Drawing Sheets::</b>	<b>6</b>
<b>Small Entity?::</b>	<b>Yes</b>
<b>Petition Included?::</b>	<b>No</b>

## **Applicant Information**

<b>Applicant Authority Type::</b>	<b>Inventor</b>
<b>Primary Citizenship::</b>	<b>USA</b>
<b>Country::</b>	<b>USA</b>
<b>Status::</b>	<b>Citizen</b>

<b>Given Name::</b>	<b>Richard</b>
<b>Middle Initial::</b>	<b>M</b>
<b>Family Name::</b>	<b>Micciulla</b>
<b>Name Suffix::</b>	
<b>City of Residence::</b>	<b>Melrose</b>
<b>State or Province of Residence::</b>	<b>MA</b>
<b>Country of Residence::</b>	<b>USA</b>
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<b>State or Province of mailing address::</b>	<b>MA</b>
<b>Country of mailing address::</b>	<b>USA</b>
<b>Postal or Zip Code of mailing address:</b>	<b>02176</b>

## **Correspondence Information**

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## Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	53200	Scott Lefton